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PTO/SB/03 (11-05)

Document Description: Petition to withdraw attorney or agent (SB83)

Approved for use through 11/30/2011. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10783,145 - Conf. #1868
		Filing Date	02-19-2004
		First Named Inventor	Eric C. Hannah
		Art Unit	3653
		Examiner Name	RODRIGUEZ, JOSEPH C
		Attorney Docket Number	21058/1206456-US4

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: 75172

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made a record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B. Inventor or Assignee Name: Intel Corporation

Address: 2200 Mission College Blvd.

City	Santa Clara	State	CA	Zip	95054	Country	US
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Telephone	Email					
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature: /Marie Collazo/

Name	Marie Collazo	Registration No.	44,085
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Address: Darby & Darby P.C.
P.O. Box 770
Church Street Station

City	New York	State	NY	Zip	10008-0770	Country	US
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Date	July 9, 2009	Telephone No.	(212) 527-7700
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NOTE: Withdrawal is effective when approved rather than when received.

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